HAND DELIVERED

	STATES HOUSE OF REPRESENTATIV	VES	For Use by	Form A Members, Officers	, and Employees	LEGISLATIVE RESOURCE LATER 18 MAY 15 PM 3: 22 COMICS DESCRIBERA U.S. HOUSE OF REPRESENTATIVES
Name:	Joseph P. Kennedy III	Day	time Telepi	none: 202-225	5-5931	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS	Member of the U.S. State:	MA 4		Office Emplo	or or Employing Office	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE	2017 Annual (Due: May 15, 2018)	^^^^	unendment		Termination Date of Ter	
PRELIMINA	ARY INFORMATION – ANSWER <u>EACH</u> OF	THESE QU	JESTIONS			
a. Own any of the b. Receive n	ir spouse, or your dependent child: reportable asset that was worth more than \$1,000 at the reporting period? or nore than \$200 in unearned income from any reportable ing the reporting period?	Yes X	No	F. Did you have any outside entity during to year up through the d	reportable agreement of the reporting period or late of filing?	or arrangement with an in the current calendar Yes No X
B. Did you, you	ur spouse, or your dependent child purchase, self, or securities or reportable real estate in a transaction XXX during the reporting period?	Yes X	No	G. Did you, your spot reportable gift(s) total source during the rep	use, or your dependent ling more than \$390 in orting period?	child receive any value from a single
C. Did you or yo honoraria, or po reporting period	our spouse have "earned" income (e.g., salaries, ension/IRA distributions) of \$200 or more during the d?	Yes X	No	reportable travel or re	ise, or your dependent simbursements for trave single source during the	oi totaling more than
D. Did you, you liability (more ti	ur epouse, or your dependent child have any reportable han \$10,000) at any point during the reporting period?	Yee X	No	Did any individual o lieu of paying you for reporting period?	r organization make a a speech, appearance	donation to charity in , or article during the Yes
E. Did you hold the current calc	I any reportable positions during the reporting period or in andar year up through the date of filing?	Yes X	No	ATTACH THE C	ORRESPONDIN	G SCHEDULE IF YOU ANSWER "YES"
IPO AND	EXCLUSION OF SPOUSE, DEPENDE	NT, OR T	RUST INFO	ORMATION - AI	NSWER EACH	OF THESE QUESTIONS
IPO - Did you the Committee	purchase any shares that were allocated as a part of an init on Ethics for further guidance.	tiel Public Offe	ring during the re	porting period? If you a	inswered "yes" to this q	uestion, please contact Yes No X
TRUSTS - Det	talls regarding "Qualified Blind Trusts" approved by the Con liks of such a trust that benefits you, your spouse, or depend	nmittee on Eth lent child?	ics and certain of	ner "excepted trusts" ne	ed not be disclosed. H	ave you excluded from Yes No X
EXEMPTION -	Have you excluded from this report any other assets, "une exemption? Do not answer "yes" unless you have first cont	arned" income	e, transactions, or Committee on Et	liabilities of a spouse O	r your dependent child	because they meet all Yes No X

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Name: Joseph P. Kennedy III Page 4 of 29

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Name:	Joseph P. Kennedy III	Page_5_ of _29

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^{*} Filer is a discretionary beneficiary and has never received any income from this trust. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

Use additional sheets if more space is required.

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			None	\$1.51,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,301-6560,000	\$600,001-81,000,000	\$1,000,001-45,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spoune/DC Ament over \$1,000,000*	NOME	DIVIDENDS	REVI	INTEREST	CAPITAL GABIS	EXCEPTED/BLN/D TRUST	TAX-OEFERRED	Oher Type of Income (Specify e.g., Partnership Income or Farm Income)	None	\$1.4200	000/15-1025	\$1,001-\$2,500	000'95-105'23	000'\$15-100'58	000'09\$*100'51\$	850,001-8-100,008	\$100,000,14-100,000	000'000'59-100'000'19	000'000'55 7040	Spoure/DC Asset with Income over \$1,000,000*	P, S, S(part), or E
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^{*}Filer is a discretionary beneficiary and has never received any income from this trust. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

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^{*}Filer is a discretionary beneficiary and has never received any income from this trust. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

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Name: Joseph P. Kennedy III Page 10 of 29

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^{*}Filer is a discretionary beneficiary. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000. There were no distributions during 2017.

Name: Joseph P. Kennedy III Page 11 of 29

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\Box	Exxon Mobil Corp.	\prod			Γ	Τ	Γ	Γ	Х								L		L				<u> </u>	1_	L	L			_				L,	lacksquare		
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	JP Morgan Chase & Co.	\sqcap						X															<u> </u>			<u>.</u>			ليل			L	İ			

Joseph P. Kennedy III

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			None	\$1-41,000	\$1,001-\$15,000	\$15,001-850,000	\$50,001-\$100,000	\$100,001-\$250,006	\$250,001-\$500,000	\$600,001-\$1,000,000	\$1,000,001-45,000,000	\$5,000,001-\$25,000,000	\$25,000,001-650,000,000	Over \$56,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIMORNOS	RENT	MTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEPERNED	Other Type of knowns (Specify: e.g., Partnerský knoons or Far	None	\$14200	300,12-1052	\$1,001-\$2,500	\$2,501-\$5,000	55,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,1\$-100,000	\$1,000,001-85,000,000	'	pouse/DC Asset with Income	P, S, S(part), or E
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	Microchip Technology Inc.	I					<u>L</u>	Х	L	L		L	<u> </u>	L	L	L		_	Ш		ota		L	1	\perp	ļ				_	4		\vdash		-	
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			None	000'14'18	\$1,001-\$15,000	\$15,001,450,000	\$60,001-\$100,000	\$100,001-1250,000	\$250,001-\$500,000	\$500,001-41,000,000	\$1,000,001-\$5,000,000	55,000,000,625,000,000,000	0,00'0,00'0,95-1,00'0,00'525	Over \$50,000,000	Spoundfill Asset over \$1,000,000*	NOVE	DWDENDS	REVI	INTEREST	CAPITAL GAINS	EXCEPTED/BLING TRUST	TAX-DEFENSED	Other Type of Income (Specify: A.g., Perheeship Income or Farm Income)	None	00218	0001451003	\$1,001-\$2,500	\$2,501-\$5,000	000'51\$-100'5\$	\$15,007-650,000	000'001\$'100'00\$	\$100,001-61,000,000	\$1,000,001-\$5,000,000	OM \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*	P, S, 8(part), or E
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\sqcap	Waste Management Inc.							X			<u> </u>	_	L	_	\perp	L	\perp	\perp	\perp	<u> </u>	<u> </u>		<u> </u>	L	\vdash	\vdash			<u> </u>		$\vdash\dashv$	<u> </u>	<u> </u>	\vdash	Н	
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		1	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001,550,000	\$50,001-\$100,008	\$100,001-5250,000	190'0923	100'0098	\$1,000,00	\$5,000,00	7000'523	Over \$50	Sponeer	NOME	DAYDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT	TAX-DE	(Specify)	None	\$1-520	\$201-\$1,000	\$1,001-52,500	\$2,501-46,000	\$5,001-	\$15,001	\$50,001	\$100,00	\$1,000,	Over\$6	emods.	P, S, S(part), or E
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^{*}Filer is a discretionary beneficiary and has never received any income from this trust. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

Name: Joseph P. Kennedy III Page 17 of 29

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^{*}Represents a distribution to filer from Residuary Trust U/W George S. Brewster. Filer is a discretionary beneficiary and has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

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		;	None	\$1-\$1,000	\$1,001-\$15,000	000'088'000'518	\$60,001-\$100,000	\$100,001,4250,000	\$250,001-6500,000	\$500,0001-61,000,000	\$1,000,001-\$5,000,000	000'000'523-100'000'55	000'000'038-100'000'523	Over \$50,000,000	Spause/DC Asset over \$1,000,000*	NOME	SONDENOS	RENT	PATEREST	CAPITAL CARNS	EXCEPTEMBLIND TRUST	TAX-DEFERRED	Other Type of traces (Specify e.g., Perhership Income or Ferm Income)	None	\$1-\$200	000'15-1023	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$80,000	\$50,001-\$100,000	\$100,000,18-100,000	\$1,000,001-45,000,000	Over 85,000,000	Spourer/DC Asset with Income over \$1,000,000*	P, S, S(part), or E
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Name: Joseph P. Kennedy III Page 22 of 29

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SCHEDULE B - TRANSACTIONS

Name: Joseph P. Kennedy, III Page 23 of 29

Report #4	nurchage a	nie, or exchange transactions that exceeded \$1,000 in the	T	ype of Ti	ransacti	on	1	Date	<u> </u>			Aı	nount	of Tra	nsacti	on			
reporting p dependent resulted in Exclude in purchase of a portion of	eriod of any child for investigation in capital los ansactions be reals of your an asset is so	security or real property hate by you, your spouse, or your shrend or the production of income. Include transactions that a. Provide a brief description of an exchange transaction- idesen you, your apusse, or dependent children, or the personal residence, unless it generated rental income. If only lid, please choose "partial sate" as the type of transaction.					S of the Carin	SACIDAYIR) or Quarterly, Monthly, or Bi-	۸	Б	С	0	E	F	G	н	ا	900'00	2000 7 Americ
the capital	gains" box, u gain income o		a Judge	j	45,814	Enchange	Check Box If Capital Gair Exceeded \$200	wastóy, if applicable	\$1,801 \$15,000	\$15,001- \$0,000	\$100,001 \$100,000	\$100,001- \$250,500	100,000	\$1,000,000,1°2	\$1,000,000,1\$ \$5,600,000	000'000'92\$ -100'000'93	000'000'08 \$	Over \$50,000,000	Over \$1,000,000* (Spoured C Asset)
SP, DC, JT	is for assets t	Asset		· · · · · ·															<u> </u>
89	Example	Mega Corp. Stock			х		х	3/9/17		х						ļ			<u> </u>
JT	Adient P	LC (Page 3, Item 1)		Х			Х	1/6/2017	Х										<u> </u>
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	Brandy W	ine Private Equity Partners (2013A) (Page 14				Х		12/31/2017			х								
		nerged back to Brandy Wine Private Equity									<u> </u>					ļ			
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		Item 1) Initial Capital Contribution									<u> </u>						ļ		
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-	(Page 13,	Item 14)								<u> </u>									
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	as a resu	It of MetLife (Page 6, Item 11) SPIN OFF																<u> </u>	Щ

SCHEDULE B - TRANSACTIONS

Name: Joseph P. Kennedy III Page 24 of 29

Report an	y purchase, s	sale, or exchange transactions that exceeded \$1,000 in the	T	ype of Ti	ransacti	on		Date				Ar	nount	of Tra	nsa <u>cti</u>	on_			
reporting p dependent resulted in Exclude in purchase of a portion of Capital Ga the "capital	period of any child for inver a capital to ransactions b or sale of your f an asset in P pinn: If a sales (cains" box. (security or real property held by you, your spouse, or your street or the production of income. Include transactions that is. Provide a brief description of an eachering transaction, etween you, your spouse, or dependent orbitation, or the personal residence, unless it generated rental income. If only old, please choose "partial sale" as the type of transaction. It transaction resulted in a capital gain in occase of \$200, check unless it was an asset in a transaction and disclose in Schedule A.	Purchase	3	Print Sie	Exchange	Check Box if Capital Gain Expended \$200	(MODAYR) or Cumtely, Monthly, or Bi- weekly, if applicable	\$1,001- \$15,000	\$16,001- \$50,000	5100,001- 5100,000	\$100,001- \$250,000	#250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$60,000,000	Over \$50,000,000	Over \$1,000,000 (SpouseDC Asset)
	le for secole	solely held by your spouse or dependent child.			- -	 -	<u> </u>	l		├	 -								
SP, DC, JT		Asset					×	35/15		×	 					_			
5P	Exemple	Mega Cosp. Stock			×		 ^ -		_	 ^ -	-								-
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	Brandy V	Wine Private Equity Partners Yorktown				х		12/31/2017			<u> </u>	х			<u> </u>			<u> </u>	
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	Analog D	Devices Inc. (Page 17, Item 8) received as a				x		3/14/2017	×							ļ <u> </u>		<u> </u>	<u> </u>
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	as a resu	it of MetLife (Page 17, Item 12) SPIN OFF									<u> </u>					<u> </u>			
	Celgene	Corp (Page 18, Item 15)		х				5/16/2017		×							<u> </u>	<u> </u>	
	Adient P	LC (Page 20, Item 10)		х			X	1/3/2017	Х	<u> </u>							<u> </u>	<u> </u>	
	Gilead So	ciences inc. (Page 21, Item 11)		х			×	5/18/2017		<u>×</u> _								-	<u> </u>
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SCHEDULE C - EARNED INCOME

Name: Joseph P. Kennedy III Page 25 of 29

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

	Source (include date	e of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Maryland Chill War Roundlebts (Cot. 2) Ontario County Board of Education		Approved Teaching Fee Legistelve Penelon Spount Speech Spouse Salary	\$6,000 \$10,000 \$1,000 N/A
National Partne	ership For Women and Families	Washington, DC	Spouse Salary	N/A
Neighborhood '	Villages Inc.	Jamaica Plain, MA	Spouse salary	N/A

SCHEDULE D - LIABILITIES

Name: Joseph P. Kennedy III Page 26 of 29

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent to ut or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

	at the intermediate series of the series of						A	точп	t of Li	ability				
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001-	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- 1,000,000	\$1,000,001- \$6,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000" (Spouse/DC Liability)
	Example First Sank of Wilmington, DE	5/15	Morigage on Rankal Property, Dover, DE				х							
JT	Wells Fargo Bank, N.A,	09/2016	Mortgage of Personal Residence, MA							х				
SP	Aspire Resources, Des Moines, IA *	09/2006	Student Loan		x			_						
	Harvard University, Cambridge, MA*	09/2006	Student Loan	×		l 					ļ			<u> </u>
	* Paid in full during year													ļ
				J										

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprolit organization, jabor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Member Board of Directors	Robert F. Kennedy Human Rights (formerly Robert F. Kennedy Memorial)
Director	Robert F. Kennedy Children's Action Corps.
Member Board of Directors	Sooner Foundation
Member Advisory Board	Brigham and Women's Hospital - Ann Romney Center for Neurologic Diseases
Member Senior Advisory Committee	Harvard University Institute of Politics
Member Board of Trustees	Kennedy Center for the Performing Arts

Name: Joseph P. Kennedy III Page 27 of 29

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	NONE	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Sliver Hatter (prior determination of personal friendship received from the Commistee on Ethics)	\$400
NONE	<u> </u>		

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	Joseph P. Kennedy III	Page	28	_ of _	29	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the aponeor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Duto(e)	City of Departure-Destination-City of Return	Lodging? (YM)	Food? (Y/N)	Family Monitor Included? (YM)
	Government of Chine (MECEA)	Aug. 6-11	DC-Belling, Chine-DC	Y	γ	N
Examples:	Habitat for Humanity (charty fundrates)	Mar. 3-4	OC-Boston-DC	٧	Y	γ
NONE						
						

Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Joseph P. Kennedy III Page 29 of 29

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Amount Date **Activity** Source \$2,000 Feb, 2, 2017 Association of American Associations, Washington, DC Speech \$500 Examples: Aug. 13, 2017 Article XYZ Magazine NONE